



# Franklin County Coroner's Office

Anahi M. Ortiz, M.D.

520 King Ave.

Columbus, Ohio 43201-2632

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<http://coroner.franklincountyohio.gov>

## PRELIMINARY REPORT

These are the preliminary findings of the autopsy of Tyre King (Case # LAB-16-2730) performed on September 15, 2016

### 1. Pending

**Please send our office:**

Medical Records

Investigative Notes

Scene Photos

**Forensic Pathologist:**

A handwritten signature in black ink that appears to read "Emily Hansen".

Emily Hansen, MD





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## Toxicology Report

Division of Toxicology

Daniel D. Baker, Chief Toxicologist

Tyre Maurice King

Case # LAB-16-2730

Date report completed: September 30, 2016

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A systematic toxicological analysis has been performed and the following agents were detected.

### Postmortem Blood:

Gray Top Heart

ELISA Screen	Acetaminophen	Not Detected
ELISA Screen	Amphetamine	Not Detected
ELISA Screen	Barbiturates	Not Detected
ELISA Screen	Benzodiazepines	Not Detected
ELISA Screen	Benzoyllecgonine	Not Detected
ELISA Screen	Buprenorphine	Not Detected
ELISA Screen	Cannabinoids	Not Detected
ELISA Screen	Fentanyl	Not Detected
ELISA Screen	Methadone	Not Detected
ELISA Screen	Methamphetamine	Not Detected
ELISA Screen	Opiates	Not Detected
ELISA Screen	Oxycodone/Oxymorphone	Not Detected
ELISA Screen	Salicylates	Not Detected
ELISA Screen	Tricyclics	Not Detected

Tyre Maurice King

Case # LAB-16-2730

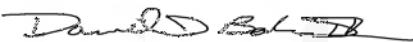
GC/FID	Ethanol	Not Detected
GC/MS	No Drugs Detected	

**Vitreous:**

Red Top Vitreous

Nova pHox Ultra	Sodium	154 mmol/L
Nova pHox Ultra	Potassium	8.4 mmol/L
Nova pHox Ultra	Chloride	154 mmol/L
Nova pHox Ultra	Calcium	1.5 mmol/L
Nova pHox Ultra	Magnesium	0.78 mmol/L
Nova pHox Ultra	Glucose	64 mg/dL
Nova pHox Ultra	Lactate	10.2 mmol/L
Nova pHox Ultra	Urea Nitrogen	18 mg/dL
Nova pHox Ultra	Creatinine	1.4 mg/dL

This report has been verified as accurate and complete by \_\_\_\_\_



Daniel D. Baker, M.S., F-ABFT

**Postmortem Toxicology Scope of Analysis**  
**Franklin County Coroner's Office Division of Toxicology**

**Enzyme Linked Immunosorbant Assay (ELISA) Blood Screen:**

Qualitative Presumptive Compounds/Classes: Acetaminophen (cut-off 10 µg/mL), Amphetamines/MDA (cut-off 50 ng/mL), Barbiturates (cut-off 250 ng/mL), Benzodiazepines (cut-off 20 ng/mL), Benzoylecgonine (cut-off 50 ng/mL), Buprenorphine (cut-off 1 ng/mL), Fentanyl (cut-off 1 ng/mL), Cannabinoids (cut-off 40 ng/mL), Methadone (cut-off 50 ng/mL), Methamphetamine/MDMA (cut-off 50 ng/mL), Opiates (cut-off 40 ng/mL), Oxycodone/Oxymorphone (cut-off 40 ng/mL), Salicylates (50 µg/mL), Tricyclic Antidepressants/Cyclobenzaprine (cut-off 50 ng/mL)

**Volatiles by Headspace Dual-Column GC/FID:**

Compounds Quantified with a Limit of Quantitation (LOQ) of 0.01 G%: Acetone, Ethanol, Isopropanol, and Methanol

Qualitative Compounds: Acetaldehyde, Acetonitrile, Benzene, Butane, n-Butanol, Chloroform, Difluoroethane, Dichloromethane, Ethyl acetate, Formaldehyde/Methanol, Halothane, Isobutane, Methane, Methyl ethyl ketone, Propane, 1,1,2-Tetrafluoroethane, Trichloroethylene, and Toluene

**Clinical Chemistries/Electrolytes in Vitreous Humor by Nova Stat Profile pHox Ultra Analyzer:**

Compounds Quantified: Sodium, Potassium, Chloride, Calcium, Magnesium, Glucose, Lactate, Urea Nitrogen, and Creatinine

**Glucose and Ketones in Urine by Reagent Strip:**

Glucose (cut-off 2000 mg/dL), Ketones (cut-off 40 mg/dL)

**Basic/Acidic/Neutral Drugs in Urine by Full Scan GC/MS:**

Amitriptyline (LOD=12.5 ng/mL), Atomoxetine (LOD=100 ng/mL), Benztrapine (LOD=62.5 ng/mL), Brompheniramine (LOD=12.5 ng/mL), Buspirone (LOD=100 ng/mL), Butalbital (LOD=125 ng/mL), Carbamazepine (LOD=250 ng/mL), Carisoprodol (LOD=500 ng/mL), Chlorpheniramine (LOD=12.5 ng/mL), Chlorpromazine (LOD=100 ng/mL), Citalopram (LOD=25 ng/mL), Clomipramine (LOD=50 ng/mL), Clozapine (LOD=50 ng/mL), Cocaethylene (LOD=12.5 ng/mL), Cocaine (LOD=12.5 ng/mL), Cyclobenzaprine (LOD=12.5 ng/mL), Desipramine (LOD=125 ng/mL), Dextromethorphan (LOD=12.5 ng/mL), Diltiazem (LOD=50 ng/mL), Diphenhydramine (LOD=187.5 ng/mL), Doxepin (LOD=12.5 ng/mL), Doxylamine (LOD=50 ng/mL), Fluoxetine (LOD=125 ng/mL), Haloperidol (LOD=250 ng/mL), Imipramine (LOD=25 ng/mL), Ketamine (LOD=25 ng/mL), Mepidine (LOD=25 ng/mL), Meprobamate (LOD=500 ng/mL), Metaxalone (LOD=500 ng/mL), Methadone (LOD=25 ng/mL), Methylphenidate (LOD=12.5 ng/mL), Mirtazapine (LOD=25 ng/mL), Norclomipramine (LOD=100 ng/mL), Nordoxepin (LOD=100 ng/mL), Norketamine (LOD=12.5 ng/mL), Olanzapine (LOD=100 ng/mL), Paroxetine (LOD=250 ng/mL), Pentobarbital (LOD=125 ng/mL), Phenobarbital (LOD=250 ng/mL), Phenytoin (LOD=250 ng/mL), Primidone (LOD=500 ng/mL), Sertraline (LOD=25 ng/mL), Topiramate (LOD=250 ng/mL), Tramadol (LOD=50 ng/mL), Trazodone (LOD=375 ng/mL), Verapamil (LOD=50 ng/mL), Zolpidem (LOD=50 ng/mL) Additional drugs may be detected and reported when confirmed

**Basic Drugs in Blood by Solid Phase Extraction and Full Scan GC/MS. Target Ion Quantitation if applicable:**

Amantadine (LOD=0.025 µg/mL), Amitriptyline (LOD=0.025 µg/mL), Amiodarone, Amoxapine (LOD=0.025 µg/mL), Amphetamine (LOD=0.050 µg/mL), Atomoxetine (LOD=0.025 µg/mL), Atropine, Antipyrine, Benzhydrol, 1-Benzylpiperazine (LOD=0.050 µg/mL), Benztrapine (LOQ=0.050), Brompheniramine (LOD=0.0125 µg/mL), Bupivacaine, Bupropion (LOD=0.0125 µg/mL), Bupropion erythro metabolite (LOD=0.050 µg/mL), Bupropion threo metabolite (LOD=0.050 µg/mL), Buspirone (LOD=0.025 µg/mL), Carbinoxamine (LOD=0.0125 µg/mL), Carboxyquetiapine, Cetirizine (LOD=0.025 µg/mL), Chlorcyclizine, Chlordiazepoxide (LOD=0.025 µg/mL), 4-Chloro-2,5-Dimethoxyamphetamine, Chloroquine, Chlorpheniramine (LOD=0.0125 µg/mL), Chlorpromazine (LOD=0.025 µg/mL), Citalopram (LOD=0.025 µg/mL), Clindamycin, Clomipramine (LOD=0.025 µg/mL), Clopidogrel, Clozapine (LOD=0.025 µg/mL), Cocaethylene (LOD=0.0125 µg/mL), Cocaine (LOD=0.025 µg/mL), Codeine (LOD=0.025 µg/mL), Cotinine, Cyclobenzaprine (LOD=0.0125 µg/mL), Dapsone, Deacetyldiltiazem, Desalkylflurazepam, Desaminodisopyramide, Desethylchloroquine, Desethylidrocaine, Desipramine (LOD=0.025 µg/mL), Desloratadine, Dextromethorphan (LOD=0.025 µg/mL), Dextrotrorphan (dextromethorphan metabolite), Diazepam (LOD=0.025 µg/mL), Dicyclomine, Diltiazem (LOD=0.025 µg/mL), Diphenhydramine (LOD=0.025 µg/mL), Disopyramide, Dobutamine, Donepezil, Doxepin (LOD=0.025 µg/mL), Doxylamine (LOD=0.025 µg/mL), EDDP (LOD=0.025 µg/mL), Ethylecgonine, Ethylphenidate (LOQ=0.050 µg/mL), Ethylone, Etomidate, Flecainide, Fluconazole, Fluoxetine (LOD=0.025 µg/mL), Gabapentin (LOD=0.5 µg/mL), Haloperidol (LOD=0.10 µg/mL), Hydroxyamitriptyline, Hydroxybupropion (LOD=0.050 µg/mL), 3-Hydroxycotinine, Hydroxychloroquine, 8-Hydroxychlorpromazine, Hydroxytramadol, Hydroxyazine (LOD=1.5 µg/mL), Imipramine (LOD=0.025 µg/mL), Ketamine (LOD=0.050 µg/mL), Lamotrigine (LOD=0.10 µg/mL), Laudanosine, Levamisole, Lidocaine, Linezolid, Loxapine (LOD=0.025 µg/mL), MAPB (LOD=0.050 µg/mL), Maprotiline, meta-Chlorphenylpiperazine, MDA (LOD=0.050 µg/mL), MDMA (LOD=0.025 µg/mL), Meclizine (LOD=0.025 µg/mL), MEG-X, Memantine, Meperidine (LOD=0.025 µg/mL), Methadone (LOD=0.025 µg/mL), Methamphetamine (LOD=0.050 µg/mL), Methaqualone, Methylcgonine, Methylphenidate (LOD=0.025 µg/mL), Metoclopramide, Metoprolol (LOD=0.30 µg/mL), Metronidazole, Mirtazapine (LOD=0.025 µg/mL), Mitrugynine, Modafinil, N-Dealkylidisopyramide, N-Dealkylquetiapine, Nicotine, Norchlorcyclizine, Norchlordiazepoxide, Norcitalopram, Norclomipramine (LOD=0.025 µg/mL), Norelozapine, Nordiazepam (LOD=0.025 µg/mL), Nordoxepin (LOD=0.025 µg/mL), Norfluoxetine (LOD=0.25 µg/mL), Norketamine (LOD=0.025 µg/mL), Normeperidine (LOD=0.025 µg/mL), Normirtazapine, Norpromethazine, Norpropoxyphene (LOD=0.025 µg/mL), Norsertraline, N-Norcyclobenzaprine, N-Nortramadol, Nortriptyline (LOD=0.025 µg/mL), Norvenlafaxine (LOD=0.10 µg/mL), Norverapamil (LOD=0.025 µg/mL), Olanzapine (LOD=0.025 µg/mL), Ondansetron, O-Nortramadol, Orphenadrine (LOD=0.025 µg/mL), Oxybutynin, Paroxetine (LOD=0.025 µg/mL), Pentazocine (LOD=0.025 µg/mL), Pentedrone, Pentyline, Phenacyclidine (LOD=0.025 µg/mL), Phenidmetrazine (LOD=0.050 µg/mL), Phenethylamine, Pheniramine (LOD=0.025 µg/mL), Phenmetrazine (LOD=0.025 µg/mL), Phenothiazine, Phentermine (LOD=0.025 µg/mL), Phenylpropanolamine (LOD=0.050 µg/mL), Prochlorperazine, Promethazine (LOD=0.025 µg/mL), Propoxyphene (LOD=0.025 µg/mL), Pseudoephedrine/Ephedrine (LOD=2.0 µg/mL), Pyrovalerone, alpha-PVP, Quetiapine (LOD=0.10 µg/mL), Quinine (LOD=0.40 µg/mL), Ranitidine, Sertraline (LOD=0.025 µg/mL), Strychnine, Terbinafine, Thioridazine (LOD=0.05 µg/mL), Thioridazine metabolite, Ticlopidine, Tramadol (LOD=0.025 µg/mL), Tranylcypromine (LOD=0.050 µg/mL), Trazodone (LOD=0.075 µg/mL), Triamterene, Trihexyphenidyl (LOD=0.025 µg/mL), Trimethoprim, Trimipramine (LOD=0.050 µg/mL), Tryptamine, Tyramine, Venlafaxine (LOD=0.025 µg/mL), Venlafaxine metabolite, Verapamil (LOD=0.025 µg/mL), Zolpidem (LOD=0.025 µg/mL) Additional drugs may be detected and reported when confirmed

**Acidic/Neutral Drugs in Blood by Solid Phase Extraction and Full Scan GC/MS:**

Amobarbital, Butalbital (LOD=0.50 µg/mL), Butobarbital, Caffeine, Carisoprodol (LOD=1.0 µg/mL) Carbamazepine (LOD=2.0 µg/mL), Carbamazepine-10,11-epoxide, Carisoprodol (LOD=1.0 µg/mL), Chlorzoxazone, DEET, Efavirenz, 10-Hydroxyoxcarbazepine, Meprobamate (LOD=1.0 µg/mL), Glutethimide, Guifenesin, Levetiracetam, Metaxalone (LOD=1.0 µg/mL), Methocarbamol (LOD=3.0 µg/mL), Oxcarbazepine, Pentobarbital (LOD=1.0 µg/mL), Pentoxyfylline, Phenobarbital (LOD=1.0 µg/mL), Phenol, Phenytoin (LOD=1.0 µg/mL), Primidone (LOD=1.0 µg/mL), Propofol, Secobarbital, Theophylline (LOD=4.0 µg/mL), Topiramate (LOD=2.0 µg/mL) Additional drugs may be detected and reported when confirmed

**Benzodiazepine Confirmation/Quantitation by GC/MS-SIM:**

Alprazolam (LOQ=10 0 ng/mL), Clonazepam (LOQ=10 0 ng/mL), 7-Aminoclonazepam (LOQ=10 0 ng/mL), Diazepam (LOQ=20 0 ng/mL), Nordiazepam (LOQ=20 0 ng/mL), Temazepam (LOQ=20 0 ng/mL), Oxazepam (LOQ=20 0 ng/mL), Flunitrazepam (LOQ=5 0 ng/mL), Desalkylflurazepam (LOQ=10 0 ng/mL), Lorazepam (LOQ=20 0 ng/mL), Midazolam (LOQ=20 0 ng/mL), Triazolam (LOQ=5 0 ng/mL)

**Cocaine and Cocaine Metabolites Confirmation/Quantitation by GC/MS-SIM:**

Cocaine (LOQ=25 ng/mL), Benzoylecgonine (LOQ=25 ng/mL), Methylecgonine (LOQ=10 ng/mL), Cocaethylene (LOQ=25 ng/mL)

**Opioid Confirmation/Quantitation by GC/MS-SIM:**

Codeine (LOQ=20 0 ng/mL), Hydrocodone (LOQ=10 0 ng/mL), Dihydrocodeine (LOQ=20 0 ng/mL), Hydromorphone (LOQ=10 0 ng/mL), 6-Monoacetylmorphine (heroin metabolite) (LOQ=10 0 ng/mL), Morphine (LOQ=20 0 ng/mL), Naloxone (Qual LRL=5 ng/mL), Oxycodone (LOQ=20 0 ng/mL), Oxymorphone (LOQ=10 0 ng/mL)

**Acetaminophen Confirmation/Quantitation by GC/MS-SIM:**

Acetaminophen (LOQ=10  $\mu$ g/mL)

**Fentanyl Analogs Confirmation/Quantitation by LC/MS/MS:**

Alfentanyl (LOQ=1 0 ng/mL), Fentanyl (LOQ=1 0 ng/mL), Norfentanyl (LOQ=1 0 ng/mL), Sufentanyl (LOQ=1 0 ng/mL), Carfentanyl (LOD=0 1 ng/mL)

**Cannabinoids Confirmation/Quantitation by LC/MS/MS:**

Delta-9-THC (LOQ=2 0 ng/mL), 11-Hydroxy-Delta-9-THC (LOQ=0 5 ng/mL), 11-Nor-9-Carboxy-Delta-9-THC (LOQ=2 0 ng/mL)

**Salicylate Confirmation by Trinder's Color Reagent:**

Salicylates (LRL=50  $\mu$ g/mL)

**\*Carboxyhemoglobin Quantitation by CO-Oximetry:**

Carboxyhemoglobin (LOQ = 5% saturation)

**\*Gabapentin Confirmation/Quantitation by GC/MS-SIM:**

Gabapentin (LOQ=0 50  $\mu$ g/mL)

**\*Boric Acid/Borates Screen by Turmeric Reagent Strip:**

Boric Acid/Borates (LOD=20  $\mu$ g/mL)

**Reference Laboratory Services:**

Drugs outside the above scope of analysis may be sent-out to an outside reference laboratory based on case circumstances or by request

\* = BY REQUEST ONLY

**Abbreviations:**

LRL = Lower Reporting Limit

LOD = Limit of Detection

LOQ = Limit of Quantitation

QNS = Quantity Not Sufficient

$\mu$ g/mL = micrograms per milliliter

ng/mL = nanograms per milliliter

mg/dL = milligrams per deciliter

mmol/L = millimoles per liter

g% = gram percent = grams per 100 milliliters = grams per deciliter

S = Sub-Therapeutic range

T = Therapeutic range

TH = High Therapeutic range

X = Toxic range

XL = Toxic to Lethal range

L = Lethal Range

**PLEASE NOTE:** All biological specimens or other items that were submitted to the Division of Toxicology in this case will be retained at this laboratory for a period of one year at which time they will be destroyed; unless or until we receive a letter stating what other action you may require



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## Autopsy Report

**Case Number:** LAB-16-2730  
**Name, gender, age:** Tyre Maurice King, Male, 13 Years  
**Date and time pronounced:** September 14, 2016 @ 2025 hours  
**Date and time of examination:** September 15, 2016 @ 1300 hours  
**Examination performed by:** Emily Hansen Forensic Pathologist

## FINDINGS AND DIAGNOSES

- I. Perforating gunshot wound of the head, indeterminate range of fire
  - A. Entrance gunshot wound on the left temporal scalp
  - B. Path: skin and soft tissue of the left temporal scalp, left temporal bone, dura, left temporal lobe, brainstem, right temporal lobe, dura, right temporal bone, soft tissue and skin of the right temple
  - C. Exit gunshot wound on the right temple
  - D. No projectile recovered
  - E. Trajectory: rightward, slightly downward, slightly frontward
- II. Penetrating gunshot wound of the chest, indeterminate range of fire
  - A. Entrance gunshot wound on the upper left side of the chest
  - B. Path: skin and soft tissue of the upper left side of the chest, left second intercostal space, left lung, left twelfth costovertebral articulation, soft tissue of the mid left side of the back
  - C. Projectile recovered from the soft tissue of the mid left side of the back
  - D. No exit gunshot wound
  - E. Trajectory: backward, downward, rightward
- III. Perforating gunshot wound of the abdomen, indeterminate range of fire
  - A. Entrance gunshot wound on the upper left side of the abdomen
  - B. Path: skin and soft tissue of the upper left side of the abdomen, liver, soft tissue and skin of the lateral right side of the abdomen
  - C. Exit gunshot wound on the lateral right side of the abdomen
  - D. No projectile recovered
  - E. Trajectory: rightward, downward, backward
- IV. Minor abrasions of the right elbow and right ankle

**Cause of death:** Gunshot wounds of the head and torso

**Manner of death:** Homicide

## POSTMORTEM EXAMINATION

### WITNESSES:

Personnel present during portions of the autopsy include Emily Hansen, MD, Deputy Coroner; Melinda Coffman, Autopsy Technician; and Detective James Porter, Columbus Police Department.

### RADIOGRAPHS:

An anterior-posterior radiograph of the head shows fractures of the calvarium and minute radiopaque shadows overlying the cranial vault. Anterior-posterior and lateral radiographs of the torso show a radiopaque shadow in the left side of the back, consistent with the projectile recovered at autopsy. Anterior-posterior radiographs of the lower extremities show no evidence of injury or radiopaque projectiles.

### GENERAL EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, teenage male who weighs 120 pounds, is 62 inches in length, and appears compatible with the reported age of 13 years. The body is cool. Rigor mortis is present. Fixed purple-red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. Acute injuries are described in a separate section below.

**HEAD:** The scalp hair is black and curly. **EYES:** The irides are brown. The pupils are round. The corneae are translucent. The sclerae are white and the conjunctivae are clear. No petechial hemorrhages are on the sclerae or conjunctivae. **NOSE:** The nose is normally formed and the septum is in the midline. **MOUTH:** The anterior teeth are natural and in good condition. No petechial hemorrhages are on the oral mucosa. **EARS:** The ears are unremarkable. **FACE:** No petechial hemorrhages are on the facial skin. **NECK:** The neck organs are in the normal midline position and appear unremarkable.

**CHEST:** The chest is well developed and symmetric. **ABDOMEN:** The abdomen is flat. **GENITALIA:** The external genitalia are those of a normal teenage male and are unremarkable. **BACK AND BUTTOCKS:** The spine is normally formed. The buttocks and anus are unremarkable.

**UPPER EXTREMITIES:** The upper extremities are well developed and symmetric without absence of digits. The fingernails are intact. **LOWER EXTREMITIES:** The lower extremities are well developed and symmetric without absence of digits. The toenails are well-maintained.

### EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention consists of an endotracheal tube; two defibrillator pads; four electrocardiograph leads; bilateral thoracostomy tubes (in the lateral fifth intercostal spaces on internal examination); intravascular catheters in the right wrist, left antecubital fossa, and right inguinal region; intraosseous catheters in the bilateral anterior tibiae; and an identification band encircling the left ankle.

### EVIDENCE OF INJURY:

The ordering of the following injuries is for descriptive purposes only and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

### PERFORATING GUNSHOT WOUND OF THE HEAD:

**ENTRANCE:** On the left temporal scalp, 3 inches below the top of the head, 3 inches left of the anterior midline, 2-1/4 inches from the left external auditory meatus at the 12 o'clock position is a 7/16 x 3/8 inch defect with a circumferential 1/16 inch wide dry red-brown marginal abrasion. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the wound.

**PATH:** The hemorrhagic wound track sequentially perforates the skin and soft tissue of the left temporal scalp, left

temporal bone, dura, left temporal lobe, brainstem, right temporal lobe, dura, right temporal bone, soft tissue and skin of the right temple.

**ASSOCIATED INJURIES:** Scalp and subgaleal hemorrhages overlie the frontal, parietal, and temporal bones. Hemorrhages are in the bilateral temporalis muscles. There are fractures of the frontal, parietal, and temporal calvarium, and the anterior cranial fossa, middle cranial fossa, and left side of the posterior cranial fossa. Patchy subarachnoid hemorrhage overlies the lateral frontal, temporal, and parietal lobes, and the base of the brain. There are extensive lacerations of the temporal lobes and the brainstem.

**EXIT:** On the right temple, 4 inches below the top of the head, 2-1/2 inches right of the anterior midline, 2 inches from the right external auditory meatus at the 2 o'clock position, is a 1/2 x 7/16 inch lacerated defect.

**PROJECTILE:** There is no projectile recovered.

**TRAJECTORY:** The wound track travels rightward, slightly downward, and slightly frontward.

**PENETRATING GUNSHOT WOUND OF THE CHEST:**

**ENTRANCE:** On the upper left side of the chest, 9 inches below the top of the head, 3-1/2 inches left of the anterior midline, 4-1/2 inches from the left nipple at the 12 o'clock position, is a 7/16 x 5/16 inch defect with a pink-red marginal abrasion along the 9 o'clock to 2 o'clock edges of the wound that is maximally 1/4 inch wide at the 12 o'clock position. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the wound.

**PATH:** The hemorrhagic wound track sequentially perforates the skin and soft tissue of the upper left side of the chest, anterior left second intercostal space, upper lobe of the left lung, lower lobe of the left lung, left twelfth costovertebral articulation, and penetrates the soft tissue of the mid left side of the back.

**ASSOCIATED INJURIES:** The left pleural cavity contains 400 mL of blood.

**EXIT:** There is no exit gunshot wound.

**PROJECTILE:** Recovered from the soft tissue of the mid left side of the back, 20 inches below the top of the head, 1/2 inch left of the posterior midline, is a deformed copper-color jacketed gray metal projectile.

**TRAJECTORY:** The wound track travels backward, downward, and rightward.

**PERFORATING GUNSHOT WOUND OF THE ABDOMEN:**

**ENTRANCE:** On the upper left side of the abdomen, 19 inches below the top of the head, 2-1/2 inches left of the anterior midline, 4-1/4 inches from the umbilicus at the 1 o'clock position, is a 1/2 x 3/8 inch defect with a dry red-brown marginal abrasion along the 12 o'clock to 5 o'clock edges of the wound that is maximally 5/16 inch wide at the 2 o'clock position. Soot is not visible on the skin edges or within the hemorrhagic wound track. No stippling or unburned or burned gunpowder particles are on the skin surrounding the wound.

**PATH:** The hemorrhagic wound track sequentially perforates the skin and soft tissue of the upper left side of the abdomen, grazes the inferior edge of the left and right lobes of the liver, and perforates the soft tissue and skin of the lateral right side of the abdomen.

**ASSOCIATED INJURIES:** The abdomen contains 100 mL of blood.

**EXIT:** On the lateral right side of the abdomen, 23 inches below the top of the head, 4-1/2 inches right of the anterior midline, 4-1/2 inches from the umbilicus at the 9 o'clock position, is a 1/4 x 3/8 inch defect with a 1/2

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Tyre Maurice King

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inch laceration at the 9 o'clock position and a dry red-brown abrasion along the 3 o'clock to 6 o'clock edges of the wound that is maximally 1/8 inch wide at the 6 o'clock position.

PROJECTILE: There is no projectile recovered.

TRAJECTORY: The wound track travels rightward, downward, and backward.

**BLUNT FORCE INJURIES:**

On the right elbow is a 1 x 1/2 inch dry red abrasion. On the lateral right ankle is a 5/16 x 1/8 inch pink abrasion.

**GENERAL INTERNAL EXAMINATION:**

Injuries described in "Evidence of Injury" will not be repeated. The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

**BODY CAVITIES:**

No adhesions are in the pleural or peritoneal cavities. All body organs are in normal anatomic positions. Where intact, the serous surfaces are smooth and glistening.

**HEAD:**

BRAIN: The brain weighs 1350 grams. The dura mater and falx cerebri are not adherent to the brain. The leptomeninges are thin and transparent. Sections through the cerebral hemispheres, cerebellum, and brainstem reveal no evidence of natural disease.

SPINAL CORD: The lower thoracic spinal cord is removed by the anterior approach. There is no epidural, subdural, or subarachnoid hemorrhage. Multiple cross sections reveal no abnormalities.

**NECK:**

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and thyroid cartilage are intact. The laryngeal mucosa is unremarkable.

**CARDIOVASCULAR SYSTEM:**

HEART: The heart weighs 180 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant atherosclerosis. The coronary ostia are patent. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin, pliable, and free of vegetations. The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor, and softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The left ventricle measures 1.0 cm and the right ventricle measures 0.2 cm in thickness as measured 1.0 cm below the respective atrioventricular valve annulus. The interventricular septum measures 1.0 cm in thickness. BLOOD VESSELS: The aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 170 and 120 grams, respectively. The upper and lower airways are unobstructed. The mucosal surfaces are smooth and yellow-tan without erythema. Where intact, the pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is light pink and the cut surfaces exude mild amounts of blood and frothy fluid. The pulmonary arteries are normally developed and unremarkable. There is no saddle embolus on in situ examination of the pulmonary trunk.

**LIVER AND BILIARY SYSTEM:**

LIVER: The liver weighs 850 grams. Where intact, the hepatic capsule is smooth and glistening, covering a red-brown parenchyma. GALLBLADDER: A thin-walled gallbladder contains yellow, watery bile without stones.

**GASTROINTESTINAL TRACT:**

ESOPHAGUS: The esophagus is lined by a gray-white and smooth mucosa. STOMACH: The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds and the lumen contains less than 5 mL of brown fluid. SMALL AND LARGE INTESTINE: The small intestine has uniform dimension and appears unremarkable. The vermiform appendix is present. The colon has uniform dimension and appears unremarkable. There are no diverticula or externally obvious masses.

**PANCREAS:**

The pancreas has a normal size, shape, position, and tan lobulated appearance.

**GENITOURINARY TRACT:**

KIDNEYS: The kidneys weigh 60 grams each. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm, cortical surfaces. The cortices are of normal thickness and delineated from the medullary pyramids. The calyces, pelvis, and ureters are non-dilated and free of stones.

URINARY BLADDER: The urinary bladder contains clear yellow urine. The bladder mucosa is tan and smooth.

MALE INTERNAL GENITALIA: The prostate has a tan cut surface.

**RETICULOENDOTHELIAL SYSTEM:**

SPLEEN: The spleen weighs 90 grams and has a smooth intact capsule covering a red-purple, moderately firm parenchyma. The splenic white pulp is unremarkable. LYMPH NODES: The regional lymph nodes are unremarkable. THYMUS: The thymus is normally sized and positioned with the usual gray-pink to fatty lobulated parenchyma.

**ENDOCRINE SYSTEM:**

THYROID GLAND: The thyroid gland is of normal position, size, and texture. ADRENAL GLANDS: The adrenal glands have normal cut surfaces with yellow cortices and gray-brown medullae with the expected corticomedullary ratio.

**MUSCULOSKELETAL SYSTEM:**

The cervical spinal column is stable on internal palpation. The bony framework, supporting musculature, and soft tissues are unremarkable.

**SPECIMENS:**

At the time of autopsy, brain, vitreous fluid, cardiac blood, liver, bile, and gastric contents are retained.

**EVIDENCE:**

Evidence collected at autopsy consists of the projectile.

**MICROSCOPIC EXAMINATION:**

At this time, no microscopic slides have been prepared. Representative portions of all major organs are retained in formalin. These tissues are available for the examination of microscopic slides as a further aid to diagnosis, should this become necessary at a future time.



11/04/2016

Autopsy LAB-16-2730

Tyre Maurice King

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**Emily Hansen, MD, Deputy Coroner  
Forensic Pathologist**



## Franklin County Coroner's Office

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<http://coroner.franklincountyohio.gov>

### Coroner's Report: Finding of Facts and Verdict

In compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Findings of Fact and Verdict are supplied.

Case No: LAB-16-2730

Last name King, Tyre M.	First M	Middle	Date of Death 09-14-2016	Time of Death 2025 hrs	Pronounced By Dr. Ellen Mcmanus		
Decedent's Address (Number and Street) [REDACTED]							
City Columbus			State OH	Zip 43203			
Date of Birth [REDACTED]	Age 13 Years	Gender M	Race Af. American	Height 62	Weight 120	Hair Color Black	Eye Color Brown
Facility or Address of Death Nationwide Children's Hospital, 700 Childrens Drive				Place of Death Hospital			
City Columbus			State OH	Zip 43205			
Next of Kin Maurice Cardwell			Phone [REDACTED]	Relationship Father			
Next of Kin Address [REDACTED]							
City Columbus			State OH	Zip 43203			
Funeral Home Smoot Funeral Services				Phone 614.444.1463			

Decedent	Case Number	Page
King, Tyre M.	LAB-16-2730	

**CAUSE AND MANNER OF DEATH****Immediate Cause**

Gunshot wounds of the head and torso

**Other Significant Conditions**

Manner	Autopsy	Date Examined	Time Examined
Homicide	Yes	09-15-2016	1300 hrs

**Name, Title and Address of Person Who Completed Cause of Death**

Emily Hansen 520 King Avenue Columbus, OH 43201

**Name, Title and Address of Person Who Performed Examination**

Emily Hansen 520 King Avenue Columbus, OH 43201

Investigating Agency	Phone
Columbus CRT	

Date of Injury	Time of Injury	Place of Injury	Injury at Work?
09/14/2016	1942 hrs	Outdoors	No

**How Injury Occurred**

Shot by another individual(s) with an unspecified firearm

Injury Address (Street, City, State, Zip)
Rear of 27 Hoffman Avenue, Columbus, Ohio